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CONFIRMATION NO. 3797

Bib Data Sheet

SERIAL NUMBER 10/085,966	FILING DATE 02/28/2002 RULE	CLASS 251	GROUP ART UNIT 3754	ATTORNEY DOCKET NO. 8266-0823
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APPLICANTS

Gerald D. Eckstein, Batesville, IN;

David W. Hornbach, Brookville, IN;
Jeffrey A. Moster, Cincinnati, OH;

** CONTINUING DATA *****

This application is a CON of 09/311,466 05/13/1999 PAT 6,352,240

verified EK 8AUG2004

** FOREIGN APPLICATIONS *****

none EK 8AUG2004

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/20/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IN	SHEETS DRAWING 9	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>Eckstein</i> Initials <i>EK</i>				

ADDRESS

Bose McKinney & Evans LLP
 Intellectual Property Group
 2700 First Indiana Plaza
 135 North Pennsylvania Street
 Indianapolis, IN
 46204

TITLE

Hydraulic control apparatus for a hospital bed

FILING FEE RECEIVED 962	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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